

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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DAVID GIBSON,

Plaintiff,

- against -

SUPERINTENDENT BURNETT, ET AL.,

Defendants.

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22-cv-1122 (JGK)

ORDER

JOHN G. KOELTL, District Judge:

The Court is in receipt of the plaintiff's letter dated May 8, 2022. In the letter, the plaintiff appears to allege, among other things, that correctional officers at the Marcy Correctional Facility ("MCF") violated his rights. These correctional officers are not defendants in this action and the allegations in the May 8, 2022, letter do not appear to relate to the claims in this action. The plaintiff is advised that if he wishes to bring new claims arising from his incarceration at the MCF, including claims arising from the incidents described in the May 8, 2022, letter, the plaintiff should do so in a new complaint in an appropriate court. Because the MCF is in the Northern District of New York, the plaintiff should bring any claims arising from his incarceration at the MCF in the United States District Court for the Northern District of New York ("N.D.N.Y."). An N.D.N.Y. complaint form and an N.D.N.Y.

application to proceed without prepaying fees or costs are attached to this Order.

On May 13, 2022, the New York State Attorney General filed a letter attempting to identify the John and Jane Doe defendants described in the plaintiff's complaint. ECF No. 8. The plaintiff is reminded that, pursuant to the Court's Order dated March 15, 2022, the plaintiff must file an amended complaint naming the John and Jane Joe defendants by June 13, 2022. The plaintiff is also reminded that he must serve each defendant with a summons and the complaint. See Fed. R. Civ. P. 4. The plaintiff is advised that if he has difficulties serving the defendants, he may request that the Court issue an order directing the United States Marshals to effect service on the defendants on the plaintiff's behalf. Any such request should be accompanied by an application to proceed without prepaying fees or costs so that the Court could waive the costs of service.

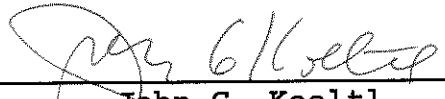
The New York State Attorney General's May 13, 2022 letter; the Court's March 15, 2022, Order; an amended complaint form; and an application to proceed in this Court without prepaying fees or costs are attached to this Order.

The Clerk is directed to mail a copy of this Order and its attachments to the plaintiff and to note service on the docket.

SO ORDERED.

Dated: New York, New York  
May 19, 2022

20

  
\_\_\_\_\_  
John G. Koeltl  
United States District Judge

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK**

_____	)	
	)	<b>Civil Case No.:</b>
	)	
<b>Plaintiff(s)</b>	)	
	)	<b>CIVIL</b>
<b>vs.</b>	)	<b>RIGHTS</b>
	)	<b>COMPLAINT</b>
	)	<b>PURSUANT TO</b>
<b>Defendant(s)</b>	)	<b>42 U.S.C. § 1983</b>
_____		

Plaintiff(s) demand(s) a trial by: ☐ JURY ☐ COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

**JURISDICTION**

1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

**PARTIES**

2. Plaintiff: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: \_\_\_\_\_  
Official Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Defendant: \_\_\_\_\_  
Official Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Defendant: \_\_\_\_\_  
Official Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Defendants may be added on a separate sheet of paper.

4. **FACTS**

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

**Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.** (You may use additional sheets as necessary).

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5.

**CAUSES OF ACTION**

**Note: You must clearly state each cause of action you assert in this lawsuit.**

**FIRST CAUSE OF ACTION**

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**SECOND CAUSE OF ACTION**

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**THIRD CAUSE OF ACTION**

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6. **PRAYER FOR RELIEF**

**WHEREFORE**, plaintiff(s) request(s) that this Court grant the following relief:

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I declare under penalty of perjury that the foregoing is true and correct.

DATED: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Plaintiff(s)  
(all Plaintiffs must sign)

02/2010

## UNITED STATES DISTRICT COURT

for the

Northern District of New York

\_\_\_\_\_  
*Plaintiff/Petitioner*

v.

\_\_\_\_\_  
*Defendant/Respondent*

Civil Action No.

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ \_\_\_\_\_, and my take-home pay or wages are: \$ \_\_\_\_\_ per  
(specify pay period) \_\_\_\_\_.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.



4. Amount of money that I have in cash or in a checking or savings account: \$ \_\_\_\_\_ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

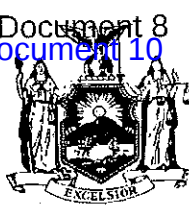
8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Printed name*



STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

LETTITIA JAMES  
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL  
LITIGATION BUREAU

Writer's Direct Dial: (212) 416-8665

May 13, 2022

**Via ECF**

Honorable John G. Koeltl  
United States District Judge  
Southern District of New York  
500 Pearl Street  
New York, New York 10007

Re: Gibson v. Burnette, 22 Civ. 1122 (JGK)

Dear Judge Koeltl:

I write on behalf of the New York State Attorney General's Office in response to Your Honor's March 15, 2022 Order, (Docket No. 3), directing this Office, pursuant to Valentin v. Dinkins, 121 F.3d 72, 75 (2d Cir. 1997) to attempt to identify the Fishkill John and Jane Doe defendants described in Plaintiff's Complaint.

Based on the allegations of the Complaint and the information provided to this Office by the New York State Department of Corrections and Community Supervision, we respond as follows:

"Defendant No. 3 Deputy of Security John Doe of Fishkill Correctional Facility" appears to be Stephen Urbanski, former Deputy of Security at Fishkill. He can be served at the following address: c/o Office of Counsel, New York State Department of Corrections and Community Supervision, The Harriman State Campus, Building 2, 1220 Washington Avenue, Albany, New York 12226-2050.

"Defendant No. 6 Nurse Administrator Jane Doe, Fishkill Correctional Facility" appears to be Nurse Administrator Barbara Furco. She can be served at the following address: Barbara Furco, Nurse Administrator, Fishkill Correctional Facility, 18 Strack Drive, Beacon, NY 12508.

Because more than one male Sergeant was on duty at Fishkill on December 13, 2021, the date "Sergeant John Doe" allegedly failed to document Plaintiff's PREA complaint, we have been unable to determine the identity of the person Plaintiff intends to sue as "Defendant No. 5 SRGNT John Doe, Fishkill CF." Identification may be possible if

Plaintiff provides a physical description of the Sergeant he intends to sue, or the exact time and location of his alleged report to this Sergeant.

This response is based on information available at this time and is not an admission that the identified individuals engaged in the acts alleged or violated Plaintiff's rights.

Thank you for your time and consideration in this regard.

Respectfully submitted,

*Bahiya Lawrence*

BAHIYA LAWRENCE

Assistant Attorney General

Bahiya.Lawrence@ag.ny.gov

cc: David Gibson, *pro se*  
DIN 15-A-2714  
Auburn Correctional Facility  
135 State Street  
P.O. Box 618  
Auburn, NY 13024  
(via First-Class Mail)

**DECLARATION OF SERVICE**

BAHIYA LAWRENCE, pursuant to 28 U.S.C. 1746, declares under penalty of perjury as follows:

That on May 13, 2022, I served a copy of a Valentin Order Response addressed to the Court in response to ECF Docket Number 3, on the plaintiff by having it mailed via the United States Postal Service to the following address:

David Gibson  
DIN 15-A-2714  
Auburn Correctional Facility  
135 State Street  
P.O. Box 618  
Auburn, NY 13024  
(via First Class Mail)

/s/ Bahiya Lawrence  
Bahiya Lawrence  
Assistant Attorney General

Executed on May 13, 2022

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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DAVID GIBSON,

22-cv-1122 (JGK)

Plaintiff,

ORDER OF SERVICE

- against -

SUPERINTENDENT BURNETTE, ET AL.,

Defendants.

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JOHN G. KOELTL, District Judge:

The plaintiff, who is currently incarcerated in Marcy Correctional Facility, paid the filing fees to commence this pro se action. He brings claims under 42 U.S.C. § 1983, alleging that the defendants violated his rights while he was incarcerated at Fishkill Correctional Facility. As set forth below, the Court directs (1) service on the named defendants and (2) the Attorney General for the State of New York to identify the Fishkill John and Jane Doe defendants.

**A. Service on Defendants Burnett, Akinyombo, and Lebron**

The Clerk of Court is directed to issue summonses as to defendants Superintendent Edward Burnett; A. Akinyombo, Deputy Superintendent of Health Services; and Danielle Lebron, R.N. The plaintiff is directed to serve the summons and complaint on each defendant within 90 days of the issuance of the summonses. If within those 90 days, the plaintiff has not either served the defendants or requested an extension of time to do so, the Court

may dismiss the claims against the defendants under Rules 4 and 41 of the Federal Rules of Civil Procedure for failure to prosecute.

**B. John and Jane Doe Defendants**

Under Valentin v. Dinkins, a pro se litigant is entitled to assistance from the district court in identifying a defendant. 121 F.3d 72, 76 (2d Cir. 1997). In the complaint, the plaintiff supplies sufficient information to permit the New York State Department of Corrections and Community Supervision (DOCCS) to identify Deputy of Security John Doe, Sergeant John Doe, and Nurse Administrator Jane Doe named in the complaint. It is therefore ordered that the New York State Attorney General, who is the attorney for and agent of DOCCS, must ascertain the identity and badge number of each of the John and Jane Doe defendants whom the plaintiff seeks to sue here and the addresses where these defendants may be served. The Attorney General must provide this information to the plaintiff and the Court within sixty days of the date of this Order. Within thirty days of receiving this information, the plaintiff must file an amended complaint naming the John and Jane Doe defendants. The amended complaint will replace, not supplement, the original complaint. An amended complaint form that the plaintiff should complete is attached to this Order. Once the plaintiff has filed an amended complaint, the Court will screen the amended complaint and, if necessary, issue an order directing the Clerk of Court to issue summonses for service on the named John and Jane Doe defendants.

### C. Local Civil Rule 33.2

Local Civil Rule 33.2, which requires defendants in certain types of prisoner cases to respond to specific, court-ordered discovery requests, applies to this action. Those discovery requests are available on the Court's website under "Forms" and are entitled "Plaintiff's Local Civil Rule 33.2 Interrogatories and Requests for Production of Documents." Within 120 days of service of the complaint, the defendants must serve responses to these standard discovery requests. In their responses, the defendants must quote each request verbatim.<sup>1</sup>

### CONCLUSION

The Clerk of Court is directed to issue summonses as to Defendants Burnett, Akinyombo, and Lebron, and to forward the summons to the plaintiff for service on the defendants.

The Clerk of Court is directed to mail a copy of this Order and the complaint to the New York State Attorney General at: 28 Liberty Street, New York, NY 10005.

The Clerk of Court is further directed to mail a copy of this Order to the plaintiff, together with an information package, and to note service on the docket. An amended complaint form is attached.

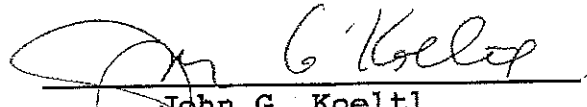
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<sup>1</sup> If the plaintiff would like copies of these discovery requests before receiving the responses and does not have access to the website, the plaintiff may request them from the Pro Se Intake Unit.

Local Civil Rule 33.2 applies to this action.

SO ORDERED.

Dated: New York, New York  
March 15, 2022

  
\_\_\_\_\_  
John G. Koeltl  
United States District Judge



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
\_\_\_\_\_  
Write the full name of each plaintiff.

-against-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

\_\_\_\_ CV \_\_\_\_  
(Include case number if one has been assigned)

AMENDED  
COMPLAINT  
(Prisoner)

Do you want a jury trial?  
☐ Yes ☐ No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name	Middle Initial	Last Name
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

Institutional Address

County, City	State	Zip Code
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## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code



**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

_____		_____	
Dated		Plaintiff's Signature	
_____			
First Name	Middle Initial	Last Name	
_____			
Prison Address			
_____			
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
\_\_\_\_\_  
Write the full name of each plaintiff.

-against-

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

**AMENDED**  
**COMPLAINT**  
(Prisoner)



Do you want a jury trial?

☐ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "*Bivens*" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

Institutional Address

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_



**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated		Plaintiff's Signature	
First Name	Middle Initial	Last Name	
Prison Address			
County, City	State	Zip Code	
Date on which I am delivering this complaint to prison authorities for mailing: _____			

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(full name of the plaintiff or petitioner applying (each person  
must submit a separate application))

-against-

CV \_\_\_\_\_ ( ) ( )

(Provide docket number, if available; if filing this with  
your complaint, you will not yet have a docket number.)

\_\_\_\_\_  
(full name(s) of the defendant(s)/respondent(s))

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Prison Identification # (if incarcerated)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address (if available)